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<i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete if Known</i>	
FEE TRANSMITTAL For FY 2006		Application Number	10/517,836-Conf. #1303
		Filing Date	December 15, 2004
		First Named Inventor	Eiji AKAHANE
		Examiner Name	P. M. West
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
TOTAL AMOUNT OF PAYMENT		(\$)	910.00
		Attorney Docket No.	
		1602-0191PUS1	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s), under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	<hr/>
Design	200	100	100	50	130	65	<hr/>
Plant	200	100	300	150	160	80	<hr/>
Reissue	300	150	500	250	600	300	<hr/>
Provisional	200	100	0	0	0	0	<hr/>

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity
Fee (\$)

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims 360 180

Total Claims Extra Claims Fee (\$) **Fee Paid (\$)** **Multiple Dependent Claims**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

6	6	x	=	
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HR = highest number of independent claims paid for, if greater than 3.

3 APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = /50 (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 CFR 1.136(b))
1251 Extension for response within first month

790.00

120.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	19,382	Telephone (703) 205-8000
Name (Print/Type)	Terrell C. Birch		Date	July 28, 2006